

July 29, 2016

Tom Moe
USS Corporation
P.O. Box 417
8771 Park Ridge Dr
Mountain Iron, MN 55768

RE: Project: USS MinTac NPDES-LINE 3 Wkly
Pace Project No.: 1270845

Dear Tom Moe:

Enclosed are the analytical results for sample(s) received by the laboratory on July 20, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Melisa M Woods
melisa.woods@pacelabs.com
Project Manager

Enclosures

cc: Cory Hertling
Terri Sabetti, NTS



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792

Alaska Certification #MN01084

Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445

North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470

WA Department of Ecology Lab ID# C1007

Nevada DNR #MN010842015-1

Oklahoma Department of Environmental Quality

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SAMPLE SUMMARY

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

Lab ID	Sample ID	Matrix	Date Collected	Date Received
1270845001	WS-002 Scrubber Make-up	Water	07/20/16 09:00	07/20/16 11:40
1270845002	WS-003 Thickner Overflow	Water	07/20/16 08:50	07/20/16 11:40

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SAMPLE ANALYTE COUNT

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
1270845001	WS-002 Scrubber Make-up	EPA 200.7	MAR	3	PASI-V
		EPA 300.0	CSD	1	PASI-V
1270845002	WS-003 Thickner Overflow	EPA 200.7	MAR	3	PASI-V
		EPA 300.0	CSD	1	PASI-V

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ANALYTICAL RESULTS

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

Sample: WS-002 Scrubber Make-up Lab ID: 1270845001 Collected: 07/20/16 09:00 Received: 07/20/16 11:40 Matrix: Water									
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP, Lab Filtered Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Calcium, Dissolved	433	mg/L	5.0	0.29	10	07/27/16 11:58	07/28/16 09:35	7440-70-2	
Magnesium, Dissolved	337	mg/L	5.0	0.67	10	07/27/16 11:58	07/28/16 09:35	7439-95-4	
Total Hardness, Dissolved	2470	mg/L	100	50.0	10	07/27/16 11:58	07/28/16 09:35		
300.0 IC Anions 28 Days Analytical Method: EPA 300.0									
Sulfate	1870	mg/L	20.0	10.0	10		07/22/16 09:56	14808-79-8	

Sample: WS-003 Thickner Overflow Lab ID: 1270845002 Collected: 07/20/16 08:50 Received: 07/20/16 11:40 Matrix: Water									
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP, Lab Filtered Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Calcium, Dissolved	487	mg/L	5.0	0.29	10	07/27/16 11:58	07/28/16 09:47	7440-70-2	
Magnesium, Dissolved	322	mg/L	5.0	0.67	10	07/27/16 11:58	07/28/16 09:47	7439-95-4	
Total Hardness, Dissolved	2540	mg/L	100	50.0	10	07/27/16 11:58	07/28/16 09:47		
300.0 IC Anions 28 Days Analytical Method: EPA 300.0									
Sulfate	1830	mg/L	40.0	20.0	20		07/22/16 10:17	14808-79-8	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

QC Batch: 89098

Analysis Method: EPA 200.7

QC Batch Method: EPA 200.7

Analysis Description: 200.7 MET Dissolved

Associated Lab Samples: 1270845001, 1270845002

METHOD BLANK: 350228

Matrix: Water

Associated Lab Samples: 1270845001, 1270845002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Calcium, Dissolved	mg/L	ND	0.50	0.029	07/28/16 09:04	
Magnesium, Dissolved	mg/L	ND	0.50	0.067	07/28/16 09:04	

LABORATORY CONTROL SAMPLE: 350229

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Calcium, Dissolved	mg/L	50	50.9	102	85-115	
Magnesium, Dissolved	mg/L	50	50.3	101	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 350230

350231

Parameter	Units	1271235002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Calcium, Dissolved	mg/L	34.6	50	50	84.8	84.2	100	99	70-130	1	20	
Magnesium, Dissolved	mg/L	24.8	50	50	75.3	74.3	101	99	70-130	1	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALITY CONTROL DATA

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

QC Batch: 88583

Analysis Method: EPA 300.0

QC Batch Method: EPA 300.0

Analysis Description: 300.0 IC Anions

Associated Lab Samples: 1270845001, 1270845002

METHOD BLANK: 347860

Matrix: Water

Associated Lab Samples: 1270845001, 1270845002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Sulfate	mg/L	ND	2.0	1.0	07/22/16 00:44	

LABORATORY CONTROL SAMPLE: 347861

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Sulfate	mg/L	50	48.1	96	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 347862

347863

Parameter	Units	1270787002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	ND	250	250	253	253	98	99	90-110	0	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 347864

347865

Parameter	Units	1270250005 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	<5.0	250	250	250	249	99	99	90-110	1	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-V Pace Analytical Services - Virginia

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: USS MinTac NPDES-LINE 3 Wkly

Pace Project No.: 1270845

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
1270845001	WS-002 Scrubber Make-up	EPA 200.7	89098	EPA 200.7	89129
1270845002	WS-003 Thickner Overflow	EPA 200.7	89098	EPA 200.7	89129
1270845001	WS-002 Scrubber Make-up	EPA 300.0	88583		
1270845002	WS-003 Thickner Overflow	EPA 300.0	88583		

REPORT OF LABORATORY ANALYSIS

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CHAIN-OF-CUSTODY
The Chain-of-Custody is a LEGAL

MO# : 1270845

PM: MMW Due Date: 08/03/16

CLIENT: USS CORP

Page: 1 OF 1

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768
Phone: _____ Fax: _____
Email: _____
Requested Due Date: _____

Section B

Required Project Information:

Report To: Tom Moe
Copy To: _____
Purchase Order #: _____
Project Name: NPDES-LINE 3 WKV
Project #: _____

Section C

Invoice Information:

Attention: _____
Company Name: _____
Address: _____
Pace Quote: _____
Pace Project Manager: heather.zika@pacelabs.com
Pace Profile #: _____

Regulatory Agency

State / Location

ITEM #	MATRIX	CODE	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives							Analyses Test	Y/N											Residual Chlorine (Y/N)	LFLF																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
			Drinking Water	DW	WT	WW			Product	P	Soil/Solid	SL	Oil	OL	Wipe															WP	Air	AR	Other	OT	Tissue	TS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Karl Beckmann

SIGNATURE of SAMPLER: *Karl Beckmann*

DATE Signed: 7-20-16

TEMP in C _____
Received on ice (Y/N) _____
Custody Sealed Cooler (Y/N) _____
Samples Intact (Y/N) _____

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition
Upon Receipt

Client Name:

Project #:

Courier:

☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other:

Tracking Number:

WO#: 1270845



Custody Seal on Cooler/Box Present?

☐ Yes ☒ No

Seals Intact?

☐ Yes ☒ No

Optional: Proj. Due Date: Proj. Name:

Packing Material:

☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other:

Temp Blank? ☒ Yes ☐ No

Thermometer Used:

☒ 140792808

Type of Ice:

☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C:

5.4

Cooler Temp Corrected °C:

5.7

Biological Tissue Frozen?

☐ Yes ☐ No ☒ N/A

Temp should be above freezing to 6°C

Correction Factor:

70.3

Date and Initials of Person Examining Contents:

AT 7-20

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers. Lab Filter
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WT		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted:

Date/Time:

Comments/Resolution:

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

M. L. Woods

Date:

7/21/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)